

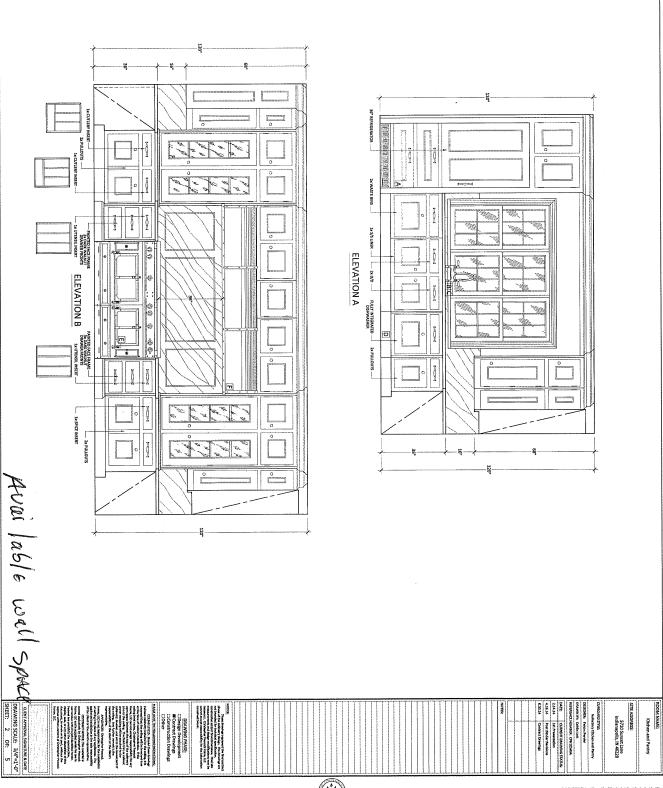
INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



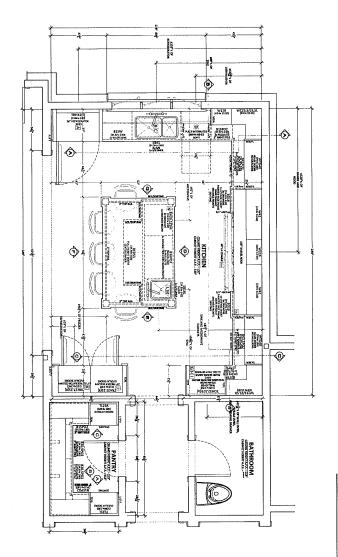
INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application.	Variance number (Assigned by department)			
1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)				
Name of applicant envisor and JEA RIHLE	Title OW NEWS			
Name of organization	Telephone number (317) 590 - 4840			
Address (number and street, city, state, and ZIP code) 5720 Sunsot Lane Indepl	s IN 46260			
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted b				
Name of applicant Tom Havris	Title Suilder			
Name of organization Custom Woodworks Inc. Address (number and street, city, state, and ZIP code)	Telephone number (317) 847-3725			
Address (number and street, city, state, and ZIP code) 17440 WestCield Park Rd.				
3. DESIGN PROFESSIONAL OF RECORD (If applicable)				
Name of design professional	License number			
Name of organization	Telephone number			
Address (number and street, city, state, and ZIP code)				
4. PROJECT IDENTIFICATION				
Name of project	State project number County			
Address of site (number and street, city, state, and ZIP code) 5720 \$\mathbb{Z} \mathcal{S} \mathbb{UmS} \xi F \mathcal{L} \mu_0 \text{Indpls}	IN 46260			
Type of project				
☐ New ☐ Addition ☐ Change of occupancy	☐ Existing			
- PROPERTY ADDITIONAL INFORMATION				
5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable):				
	ount. (see instructions)			
The following required information has been included with this application (check as applicable):				
The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate am	uested variance and any proposed alternatives.			
The following required information has been included with this application <i>(check as applicable)</i> : A check made payable to the Indiana Department of Homeland Security for the appropriate am One (1) set of plans or drawings and supporting data that describe the area affected by the req	uested variance and any proposed alternatives. plication.			
The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate am One (1) set of plans or drawings and supporting data that describe the area affected by the req Written documentation showing that the local fire official has received a copy of the variance ap Written documentation showing that the local building official has received a copy of the variance.	uested variance and any proposed alternatives. plication.			
The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate am One (1) set of plans or drawings and supporting data that describe the area affected by the req Written documentation showing that the local fire official has received a copy of the variance ap Written documentation showing that the local building official has received a copy of the variance Written documentation showing that the local building official has received a copy of the variance VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?	uested variance and any proposed alternatives. plication.			
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The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate am One (1) set of plans or drawings and supporting data that describe the area affected by the req Written documentation showing that the local fire official has received a copy of the variance ap Written documentation showing that the local building official has received a copy of the variance Violation information Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.)	uested variance and any proposed alternatives. plication.			

7. DESCRIPTION OF REQUESTED VARIANCE				
Name of code or standard and edition involved	Specific code section			
TRC 2005 21 RC 2005	1-E 3801.4.5 2	,E3801,4.1		
TRC 7005 ZTRC 2005 Nature of non-compliance (Include a description of spaces, equipment, etc. inv	volved as necessary.)			
1. Owner chose plus location so as not to see receptacle 2. Owner does not went plugs visible on ceptings or backsplesh				
2. Owner does not went plus	95 visible on cebinets	or backsplash		
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WE	ELFARE WILL BE PROTECTED			
Select one of the following statements:	1			
Non-compliance with the rule will not be adverse to the public h	ealth, safety or welfare; or			
Applicant will undertake alternative actions in lieu of compliance public health, safety, or welfare. Explain why alternative actions	e with the rule to ensure that granting of the variar s would be adequate (be specific).	nce will not be adverse to		
Facts demonstrating that the above selected statement is true:	,	2.0		
the amount of counter top for placing an applian	p available is not	sufficient		
for placing an applian	ce so no plug 1	s needed,		
, , ,	,			
ı				
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALL	Y SIGNIFICANT STRUCTURE			
Select at least one of the following statements:				
Imposition of the rule would result in an undue hardship (unusual	I difficulty) because of physical limitations of the cor	nstruction site or its utility services.		
Imposition of the rule would result in an undue hardship (unusual				
Imposition of the rule would prevent the preservation of an archite				
Facts demonstrating that the above selected statement is true:	i de Denie	I materiale		
Facts demonstrating that the above selected statement is true: They have invested to achieve a particular	In the design dell	nr.		
1 lique a particu	elan look and d	out want		
to compromise that for not going to be	naconstatla tue	t ave		
to compromise that to				
not going to be	used.			
10. STATEMENT OF ACCURACY				
I hereby certify under penalty of perjury that the information	contained in this application is accurate.			
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)		
Den A	Tova Harris			
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)		
11. STATEMENT OF AWARENESS (If the application is submit	ted on the applicant's behalf, the applicant mu	ist sign the following statement.)		
I hereby certify under penalty of perjury that I am aware of this r	request for variance and that this application is	being submitted on my behalf.		
Signature of applicant	Diagon wint name	Date of signature (month, day, year)		
Signature of applicant	Typo av Kittle	9-30-15		

CONTRACTORAMINGS



CONTRACT CHAWINGS



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v	24" DISHWASHDR						
re	65' RANGE	TA CORRIDE					
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၈	SIZAM OVEN						
ı	WATT OADS						
Ŀ	WARNING DRAWER						
4	24' PICTUR						
7	24' KENGERATOR						
-	SINIS DIVINIS					-	_
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NOTICE OF VIOLATION

City of Indianapolis

Department of Code Enforcement

1200 Madison Avenue, Suite 100

Indianapolis, IN 46225

Case Number:

VIO15-006661

Date:

08/03/2015

Time:

4:04 pm

Inspector Signature:

Inspector Telephone Number: (317) 447-8164

Inspector Name:

Tom Spacke

Inspector Fax Number: (317) 327-2621

Inspector Email: Tom.Spacke@indy.gov

Address of Violation:

5720 SUNSET LN

Person Served:

DAVID A KINDER

Mailed To:

9087 TECHNOLOGY DR

FISHERS, IN 46038

An inspection of the above noted property revealed the following violations:

Indiana Residential Code 2005: E3801.4.5 (IN Amend) Receptacle outlet location -

exception

Room:

Floor:

Specific Location: Island receptacle

Comments:

Receptacle mounted below the countertop shall not be located where the countertop

extends more than 6"

Indiana Residential Code 2005: E3801.4.1 (IN Amend) Wall counter space

Room:

Floor:

Specific Location: Receptacles outlets along kitchen countertop

Comments:

Each wall counter space 12" or wider shall require a receptacle so that no point along

the wall line is more than 24" from a receptacle

The City of Indianapolis requests your cooperation in correcting the violation(s). Violations(s) that have not been corrected within 15 days of the date noted above, will result in further enforcement action, which may include but is not limited to:

- 1) Assessment of an administrative fee in the amount of two hundred fifteen dollars (\$215.00) for each scheduled visit to the property and the violation(s) have not been corrected (Section 536-609) and/or
- 2) Lawsuit with fines up to \$2,500 for each violation plus court costs (Section 536-709)

To further research the City of Indianapolis-Marion County code section mentioned above, please visit www.municode.com.

Do Not Remove This Notification